

For the County/City of _____

Questions concerning the preparation of this report should be directed to _____

Telephone No. () _____

Certification:

As Mental Health Director for the County/City of _____, I certify that the amounts stated on this report are true, accurate, and complete.

Mental Health Director

(_____)_____
Telephone No.

Date

As Auditor-Controller for the County/City of _____, I concur with the Mental Health Director that the amounts stated on this report are true, accurate, and complete.

Auditor-Controller

(_____) _____
Telephone No.

Date

MENTAL HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2007-08 Fourth Quarter Report

- ◆ Reports must be returned by **September 2, 2008**, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- ◆ Report 2007-08 fourth quarter deposits made April through June 2008.
- ◆ Refer to the remittance advice received with your payments.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales tax
 - a. Allocation
W & I Code Sec. 17601 In columns titled "April, May, and June" enter the total amount allocated April 25, May 27, and June 27, 2008, respectively.
 - b. Less: State Hospital Offset
W & I Code Sec. 17601 In columns titled "April, May, and June," enter the State Hospital Service contract offsets made in April through June 2008.
Note: Counties making direct payments should enter -0- and refer to line 6.
 - c. Less: Managed Care Offset In columns titled "April, May, and June," enter the Managed Care Program offset amounts made in April through June 2008.
 - d. State Hospital Adjustments In column titled "April," enter the State Hospital Adjustments made in April 2008.
 - e. Total Sales Tax Revenue Enter the total of lines 1a, less 1b, less 1c, and 1d.
2. County/City Matching Funds
 - a. Mental Health Match
W & I Code Sec. 17608.05 Enter the amount of local matching funds deposited from April through June 2008 in accordance with the schedule developed by the State Department of Mental Health.
 - b. Vehicle License Fees
Annual Base In the columns titled "April, May, and June," enter the amount deposited on April 25, May 27, and June 27, 2008, respectively.
 - c. Total Matching Funds Enter the total of lines 2a, and 2b.
3. Other (identify) Enter and identify all miscellaneous deposits.
4. Total Funds Deposited Enter the total of lines 1e, 2c, and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.
6. Other (identify) Enter and identify any other disbursements made during the fourth quarter.
7. Total Funds Disbursed Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other
Trust Funds
W & I Code Sec. 17600.20 Enter the transfers In (Out) between trust fund accounts.

For the County/City of _____

Questions concerning the preparation of this report should be directed to _____
Telephone No. (____) _____

As Health Director for the County/City of _____, I certify that the amounts stated on this report are true, accurate, and complete.

As Auditor-Controller for the County/City of _____, I concur with the Health Director that the amounts stated on this report are true, accurate, and complete.

Auditor-Controller

() _____
Telephone No.

Date

HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2007-08 Fourth Quarter Report

- ◆ Reports must be returned by **September 2, 2008**, to State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- ◆ Report 2007-08 fourth quarter deposits made April through June 2008.
- ◆ Refer to the remittance advice received with your payments.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation
W & I Code Sec. 17603
In columns titled "April, May, and June" enter the total amount allocated April 25, May 27, and June 27, 2008, respectively.
2. County/City Matching Funds
 - a. Health Match
W & I Code Sec. 17608.10(a)
In columns titled "April, May, and June" enter the gross amount of local matching funds deposited from April through June 2008, based on the schedule shown in W & I Code Section 17608.10.
 - b. Vehicle License Fee
W & I Code Sec. 17608.10(b)
 - i. Allocation
Enter the amount of county/city matching funds deposited as Vehicle License Fees in the columns titled "April, May, and June," enter the total amount allocated on April 25, May 27, and June 27, 2008, respectively.
 - ii. Less: CMSP Offset
W & I Code Sec. 17604.05
In the column titled "April," enter the amount of the County Medical Services Program offset from April 2008. Note: Counties making direct payments should enter -0- and refer to line 6.
 - c. Total Matching Funds
Enter the total of line 2a, 2b(i), less 2b(ii).
3. Other (identify)
Enter and identify all miscellaneous deposits.
4. Total Funds Deposited
Enter the total of lines 1a, 2c, and 3.

Disbursements

5. Transfers to Operating Funds
Enter the total amounts transferred to other funds for spending purposes.
6. CMSP Payments
Enter the amounts from counties/cities making direct CMSP payments to the Department of Health Services.
7. Other (identify)
Enter and identify any other disbursements made during the fourth quarter.
8. Total Funds Disbursed
Enter the total of lines 5, 6, and 7.

Transfers

9. Transfers In (Out) to Other Trust Funds,
W & I Code Sec. 17600.
Enter the transfers In (Out) between trust fund accounts.

For the County of _____

Questions concerning the preparation of this report should be directed to _____

Certification:

Auditor-Controller

(_____) _____
Telephone No.

Date

SOCIAL SERVICES TRUST FUND INSTRUCTIONS

Instructions for the 2007-08 Fourth Quarter Report

- ◆ Reports must be returned by **September 2, 2008**, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- ◆ Report 2007-08 fourth quarter deposits made April through June 2008.
- ◆ Refer to the remittance advice received with your payments.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation In columns titled "April, May, and June" enter the total amount allocated April 25, May 27, and June 27, 2008, respectively.
2. Vehicle License Fees
 - a. Vehicle License Fees Annual Base In columns titled "April, May, and June" enter the total amount allocated April 25, May 27, and June 27, 2008, respectively.
3. Other (identify) Enter and identify all miscellaneous deposits.
4. Total Funds Deposited Enter the total of lines 1a, 2a and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.
6. Other (identify) Enter and identify any other disbursements made during the fourth quarter.
7. Total Funds Disbursed Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other Trust Funds Enter the Transfers In (Out) between trust fund accounts.
W & I Code Sec. 17600.20